

Access to Behavioral Health Care in Michigan

Medicaid Population

Project Summary

Access to behavioral health care is a critical issue. Lack of access can result in unmet needs, delays in care, and financial burden. In this study we assessed access indicators using 2016 administrative claims data for the nearly 2 million Michiganders with Medicaid coverage to identify major gaps and barriers to mental health and substance use disorder (SUD) treatment. These results, along with stakeholder input, inform recommendations for improving access to behavioral health care in Michigan.

Unmet Need for Behavioral Health Care in Michigan – Medicaid Enrollees

- ▲ Almost half of the 481,000 Medicaid enrollees that experience any mental illness (AMI) are not receiving care. The most common unmet needs for mental illnesses are *Anxiety Disorders* and *Depressive Episode*.
- ▲ Among the 148,000 Medicaid enrollees with a SUD, only 31% received treatment, leaving 102,000 with an unmet need for care. Alcohol, cannabis, and opioids are the most common substances resulting in a use disorder.
- ▲ The prevalence of AMI and SUD is highest among adults aged 25-54.
- ▲ Men are at greater risk for SUD and women have a higher prevalence of AMI.
- ▲ There is geographic variation in levels of unmet need across the state. Unmet need for AMI care ranges from 35% to 60% and the unmet need for SUD care varies from 50% to 76.7%.
- ▲ Expanding access to behavioral health care in all of Michigan to the same rates of care seen in best access areas of the state would improve access for 56,900 people with a mental illness and 26,900 people with a SUD.

Current Unmet Need for Mental Illness		Current Unmet Need for SUD	
Received Care	Unmet Need	Received Care	Unmet Need
51%, 245,600	49%, 235,900	31%, 45,700	69%, 102,300

Barriers to Access for Behavioral Health Care

- ▲ Major barriers to behavioral health care access include shortages of providers, costs of care, and a reluctance to seek care.
- ▲ Behavioral health provider capacity is low in the northern half of the lower peninsula and parts of the upper peninsula; seven counties in these areas have neither a psychiatrist nor a psychologist and no substance use disorder treatment facility.

Recommendations and Strategies to Improve Access

With these data, state policymakers and other stakeholders can act to:

- 1) Increasing retention of behavioral health providers in Michigan
- 2) Removing restrictions on scope of practice to fully leverage all members of the health care team
- 3) Promoting effective use of trained lay providers such as Peer Support Specialists and Recovery Coaches
- 4) Using telemedicine to extend the reach of the behavioral health workforce
- 5) Expanding school-based behavioral health care
- 6) Integrating primary care and behavioral health care delivery.

Details on specific policy recommendations are available in the full reports.

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Released: July 2019

This work was contracted by the Michigan Health Endowment Fund and completed by Altarum to study access to behavioral health care in Michigan. Complete findings, companion data for other insurance types, and a description of methods are available in the accompanying reports.